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From

Director, Indian Health Service

S G M 8 7 - 5

Subject

Aids in Native Americans

APR 7 1987

To

All Area and Associate Directors, IHS

Human immunodeficiency virus (HIV) infection may have a greater impact on American life and ultimately Native American life than any other communicable disease -of this century. HIV infection, and its possibly inevitable, consequence, AIDS, is changing America's public health priorities, economics, and attitudes towards sexual behavior. The impact is felt worldwide, with AIDS being considered by other countries to be an American disease. Even within this country, there is a tendency by many people to associate AIDS with certain risk groups, e.g., homosexuals, and ignore the fact that transmission of HIV is increasing among heterosexuals as well. Within the Native American community the feeling still prevails that AIDS is a non-Indian problem which has needlessly drained resources from health care for Native American people;

HIV is no respecter of race, socio-economic status, or cultural background. It infects those individuals whose lifestyles place them at risk for contact with the virus. AIDS morbidity and mortality among Native Americans continues to climb, and cases are being identified on reservations whose very isolation was once thought to be a barrier of transmission.

The impact that AIDS will eventually have on Native Americans, in terms of physical and emotional suffering and the cost of caring for its victims, cannot be calculated, however, it must be assumed that this is the time to develop and implement strategies which can lessen the human and financial toll.

The IHS as a public health agency, and the tribes must work aggressively together to overcome the AIDS epidemic. I am encouraging each Area to develop an HIV control plan tailored to its particular situation. This plan shall include the following elements:

1. A prevention program based on health education and risk reduction for the general population and high-risk groups identified within its jurisdiction.,
2. The development of capabilities for HIV testing which is voluntary, confidential, and accessible to members of high-risk groups. All testing shall be accompanied by pre- and post-test counselling .

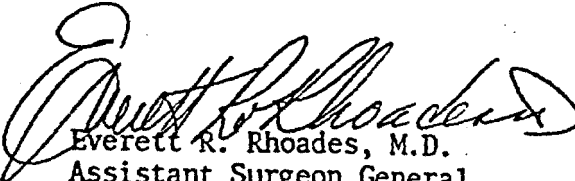
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3. Action steps for training IHS and tribal' personnel that includes instructions about patient counselling, infection control, patient care, and confidentiality.
4. The identification of psycho-social support groups to assist victims to cope with. their illness and 'to provide care outside of the hospital, -either in the home or in a hospice setting. These groups may be community-based (church-affiliated, for instance), or part Of the existing health care system (e.g., an alcohol rehabilitation program).
5. A method of ensuring scrupulous confidentiality for persons seeking testing or care,, yet maintaining the capability to identify individuals with positive HIV antibody tests, ARC, and AIDS.
- 6 A reporting protocol that meets the requirements of the state and local health departments within the Area's jurisdiction.
7. An Area surveillance system which identifies cases of AIDS, ARC, and HIV infection, and -maintains pertinent epidemiologic information on which to base control efforts. This information, exclusive of patient identifiers, shall be combined and forwarded monthly to IHS Headquarters.

With these elements in place, each Service Unit/Area will be better able to cope with the reality of the AIDS epidemic.

We will be having a meeting in IHS headquarters on May 21 of representatives of IHS staffs and those Federal and outside agencies working on the AIDS epidemic. The objective of that meeting is to develop strategy and an IHS policy on HTLV III infections and its complications.

If you have any questions on the above, please contact Pat Johannes at FE 762-1581.


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